



Client No.	2036	Client Name	O.H. Metals	Location	1002 Oswego St Utica	Date	4/20/87					
Facility Equipment	Detect Clock <input checked="" type="checkbox"/> Weapon No. -	Holster	-	Nightstick	-	Raincoat	1	Flashlight	1	Other	Gate & Trailer Keys, Phone	
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	Officer—Day Shift (Name) otc K. Felix			Officer—Swing Shift (Name) otc Del Vecchio			Officer—Grave Shift (Name) Dick Kozowski					
Shift	8 AM PM			4 AM PM			12 AM PM					
Began	8 AM			4 AM			12 AM					
Ended	4 PM			12 PM			8 PM					
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation			
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
6. Lights left burning		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	As required		<input checked="" type="checkbox"/>	LIGHTS OUT 6:09 AM				
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Visitors	9:25 AM. Capt. Miller on site to check				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	CAPT MILLER				
Trespassing	Broken chairs				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Remarks	Capt. Miller said to try and fix it today, until they get another R.F. Ted - Called he is bring another chair tomorrow morning.											
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.												
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2. Did you suffer any illness?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Signatures	1.	Kenneth Felix			1.	Rud Del Vecchio			1.	Dick Kozowski		
Signatures	2.				2.				2.			
Signatures	3.				3.				3.			

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